

MEDICAL ARTICLES

Author: Donna Ison

Access is Everything (FULL)

For: *MD-Update*

Heart disease does not discriminate based on sex, race, or religion, however it seems poverty does play a role. According to a 2014 Louisville Metro Health Equity Report, in parts of the West End, death by heart disease is approximately three times higher than in the more affluent area of St. Matthews. And life expectancy there is 63, as opposed to their wealthier neighbors, whose is 84. Nationally, cardiovascular disease is the number one reason for patient visits to federally-qualified, non-for-profit clinics. A 2012 AmeriCares study found that 40% of all visits were due to coronary issues.

After becoming aware of these statistics and the gap in coronary care for the indigent and uninsured, Michael Imburgia, MD, FACC felt compelled to do something. In his words, "There is such disparity in how we care for people. And, we're paying for it financially. More importantly we're paying for it ethically and morally, to go to sleep knowing that people are not being cared for." So, in 2008, he founded the Have a Heart Clinic, a cardiac care clinic dedicated to serving patients regardless of their ability to pay. Imburgia is also the Medical Director of the Outpatient Cardiovascular Ultrasound Lab at Baptist Health Louisville.

The name, Have a Heart, was the brainchild of his wife Sandy Imburgia, RN, who in the clinic's earliest stages, also took care of the majority of patient scheduling. Considering that many patients had only intermittent phone service, this was no easy task. And, there were other challenges inherent in assisting the indigent.

Initially, Imburgia started seeing patients one Saturday a month at the Baptist Health facility in St. Matthews, but realized the location was prohibitive. "For the most underserved area of the community, it's an hour and a half bus ride one way. We needed more times to see patients and, more importantly, we needed to be part of their community. We needed to be closer."

So, in January, the clinic relocated to 310 East Broadway in downtown Louisville. The new ADA-compliant facility offers all aspects of cardiovascular care, including ECG and perfusion stress testing, echocardiography, Holter and event monitoring, and vascular testing.

Transportation is not the only hurdle when providing care to the uninsured. For many, missing a day of work is not an option, so weekend and evening hours are a necessity. Imburgia explains, "We have the space, so now the biggest challenge is providing more times to see patients."

Another impediment for non-for-profit clinics lies in connecting with willing providers. Normally, they must simply work from a list of specialists. The Have a Heart Clinic is

remedying this by reaching out to these clinics, as well as churches and organizations like the Sister Visitor Center, which provides emergency assistance to the poor. Imburgia's message is, "We want to see those patients for you and give you a place to send them."

All of these barriers fall under the blanket of access. And, as Imburgia emphasizes, "Access is everything. The reason the United States, when ranked against every other industrialized country, ranks last in healthcare is because of access. Not because we don't have good doctors, not because we don't have good hospitals, but our population does not have good access to health care, so our patient populations are sicker."

Since the opening of the downtown facility, patient volume has doubled. Most individuals seeking treatment are under the age of sixty-five making them ineligible for Medicare, and are part of the 9% of Kentuckians who are presently uninsured.

In the future, the Have a Heart Clinic plans to become self-sustaining using a "pay-it-forward" model by treating patients with insurance and the ability to pay fees, and then using those funds to supply free care to qualifying persons.

Currently, the clinic is staffed entirely with volunteers. As Imburgia puts it, "There's an army of people behind me. I would call myself an idea guy. I'm an idea man. There are a lot of people behind me who made it work." That army consists of other cardiologists, nurse practitioners, nurses, medical assistants, echo techs, interpreters, and those who man the front desk. When asked why so many donate their time and energy, Imburgia says, "It's the atmosphere and knowing that they're really making a difference and impacting patient care."

Regardless of the growth and changes, the mission of the clinic will remain the same. "This clinic is about the quality of patient care," Imburgia states, "We're about taking care of patients." He elaborates with, "I can treat your coronary disease all I want to, but if you're hungry, if you don't have a place to sleep, if you're stressed at home, then there isn't going to be a thing I can do for your heart until all those other things are addressed."

Another component to top quality care lies in the development of a Cardiovascular Home. Have a Heart is collaborating with Passport Health to put together a team of medical professionals, including cardiologists, nurses, nutritionists, and behavioral and mental health specialists, to address the needs of the sickest patients. Passport's Integrated Care Program Manager Jessica K. Beal, PsyD, further expounds, "Dr. Imbrugia was also already familiar with integrating behavioral health services into a medical practice and was a firm believer in the benefits to his patients; there are health psychologists who specialize in working in cardiology. We just helped him look at the potential patient population and assess how many types of health conditions could be impacted in a single patient by this model."

Though Imburgia and the Have a Heart Clinic are already making an important impact on Louisville, he realizes the need is far greater. “The country has to change. We have to provide care for everybody. To anybody who ever says, ‘Whose going to come up with money?’ We spend eighty billion a year in uncompensated care and your taxes pay fifty-five millions. So, you’re already spending the money. You’re paying for it. So, we might as well keep them happier and healthier.”

Taking Recovery on the Road (Excerpt)

For: *MD-Update*

Susan, a parent struggling with a son on a downward spiral with alcohol, called the Peace Promises program, “An answer to prayer. The best thing that could have happened to us.”

Peace Promises, offered through Our Lady of Peace, is an afterschool, intensive outpatient program for high school students dealing with alcohol and drug abuse that travels to the teenager’s home county. The curriculum emphasizes the development of decision-making skills, finding healthy alternatives, and forming a solid support community. This innovative program currently serves residents of Jefferson, Bullitt, and Oldham counties.

Directed by Janine Dewey, MA CADC, Peace Promises was funded by a Kentucky Kids Recovery Grant issued by the Division of Behavioral Health. The grant helped Dewey establish five school sites to host the program and purchase five vans, which pick the participants up from their high school, drive them to their sessions, and take them home afterward. Peace Promises is highly committed to providing transportation because, in the words of Dewey, “One of the biggest barriers in getting kids to treatment is *getting* kids to treatment.”

The students meet three times a week for a three-hour group session led by a Program Counselor who is either a clinical social worker or certified alcohol and drug counselor. In lieu of the traditional, adult-minded twelve-step recovery model, Peace Promises utilizes The Seven Challenges. Dewey explains, “The Seven Challenges is geared to meet kids where they are in their current decision-making mode.” Therefore, each session starts with the counselor asking those taking part whether their goal for that day is to stop, cut down, or continue with their substance use. Knowing the prevailing dynamic of the group allows the counselor to adjust the focus, change the lesson plan, and address the most pressing issues. According to Dewey, “This program gives kids the opportunity to make a choice for the day, learn tools to get through that day, and come back for the next one.”

Another crucial component in the process is guided journaling. During each session, the attendees are asked to answer questions around a specific challenge. At the day’s conclusion, the counselor collects the journals. Later, in private, he or she reads the entries and makes individualized comments meant only for the eyes of the author. The

journals are returned during the next meeting. Since this dialogue is shared exclusively between the teen and counselor, it creates a one-on-one bond. “The journals help so much to get to know our kids during a short time frame and build an amazing amount of trust,” says Dewey.

Putting Patients Back in the Game (Full) ***For: MD-Update***

With the rise in life expectancy, stress, and obesity, pain is incredibly common. According to researchers at the National Institutes of Health, more than 25 million American adults reported having pain every day for the previous three months. And, with chronic pain being linked to depression, sleep deprivation, and anxiety, it is imperative that the medical community find new and innovative ways to end the suffering. One physician dedicated to doing this is Dr. Brian Derhake.

Since 2016, Derhake, who is board certified in both pain management and anesthesiology, has been sharing his expertise at The Pain Institute and Jewish Hospital, Shelbyville. Prior, he graduated medical school at the University of Louisville and completed a fellowship with the Cleveland Clinic, one of the premier pain clinics in the world. While there, he trained under many of the foremost experts in the field and learned a vast variety of progressive treatments.

The Pain Institute provides a wide-range of therapeutic procedures, diagnostic and surgical recommendations, and non-opioid medications to help patients who have been sidelined by chronic pain. The most common culprits are lower back, neck, and the knee pain that often persists after total knee replacement surgery. Three of the most exciting innovations in treatment are the genicular nerve block, spinal cord stimulation, and ultrasound-guided procedures.

During the genicular nerve block, radiofrequency lesioning is used to burn the nerves and break the neuro pathway to the brain leading to longer lasting relief than with traditional injections. Spinal cord stimulation can aid in the control of many conditions including complex regional pain syndrome, a devastating disease process causing severe chronic pain. The use of ultrasound and x-ray guidance enables physicians to perform procedures with more confidence and accuracy.

These, along with other breakthrough treatments, allow Derhake to meet his mission. “My goal is to help everybody get up off the couch and get back into living their life.” To accomplish this, he tailors the treatment plan to the individual patient. “I like to work with them and discuss what their goals are rather than just presenting a plan. I like to educate them and come to a decision with them. I am both their doctor and their healthcare advocate.”

Hence, Derhake prides himself on seeing, examining, and assessing each of his patients at The Pain Institute and Jewish Hospital. He also understand the importance

of a strong referral network and working closely with spine and orthopedic surgeons, as well as, primary physicians to provide complete comprehensive pain care.

A primary reason for customizing care is to curb the abuse of opioids. When asked about the prevalence of opioid-seeking patients, Derhake explained how the reputation of the clinic often deters these individuals because it is known that The Pain Institute ideally opts for other early interventional methods. Dr. Derhake also stated that he, personally, is dedicated to “trying to decrease the opiate epidemic in our society and help people with alternative measures.”

These alternative measures can often change the life of patient, who having exhausted all surgical options, opts for pain management. After receiving certain procedures or courses of treatment, many see a significant decrease in pain and can become much more active in their daily life and are able to return to work. He finds this to be the most rewarding aspect of the job. “The most exciting thing for me is seeing patients get back into their lives and out of the cycle of sitting around their house feeling depressed and feeling hopeless.” For this reason, Derhake is committed to continuing to find cutting-edge answers to the pain problem.

What is a Standardized Patient?

For: The University of Kentucky College of Medicine

We can thank the “The Burning” episode of *Seinfeld* for introducing the general public to the concept of standardized patients. Though hilarious, Kramer’s overzealous portrayal of a playboy suffering from an STD led to more confusion than clarity about this enormously important component of medical education. Please, allow me to clear things up.

A standardized patient is a layperson trained to realistically portray the different types of individuals and illnesses that health care professionals will encounter in the medical field. Through “appointments” with standardized patients, medical students are given the opportunity to hone their skills in a safe and supportive environment. To make the interaction as authentic as possible, highly adept actors depict patients representing a broad spectrum of ages, races, cultural influences, and socioeconomic backgrounds. To increase the challenge, individuals with learning disabilities, language barriers, aggressive personalities, and emotional instability are introduced throughout the process. When students are prepared, sensitive subject matter is introduced, as well.

During some encounters, the students perform an in-depth interview based on the patient’s chart and primary complaint in which they determine health history, symptoms, risk factors, allergies, and home life. Others require that the interview be accompanied by a physical examination. After each encounter, the standardized patient is responsible for evaluating the performance of the student and filling out a checklist indicating their proficiency in both interviewing and physical exam skills. Each exam is designed to enhance the student's confidence and capabilities.

Standardized patients are utilized at every level of medical education. From first year students just beginning generalized study through resident physicians already entrenched in a specialty. In addition to medical schools, standardized patients are also used to train, assess, and test students in dentistry, nursing, physical therapy, and pharmacy. Once considered a form of innovative instruction, now it is used by almost every institution in the nation and is considered an invaluable tool in the teaching arsenal.

Science Meets Sympathy (Excerpt)

For: MD-Update

Infertility is defined as the inability to become pregnant after a year of intercourse with no contraception, and is an emotionally-charged and complicated issue for many couples desperate to start a family. Dr. Johanna Archer, a board certified reproductive endocrinologist, is dedicated to helping them find solutions.

After completing her Obstetrics & Gynecology Residency at the Medical University of South Carolina, Archer completed a Reproductive Endocrinology & Infertility Fellowship at the University of California-San Diego. Since 2011, Archer has been at the helm of Fertility First Reproductive Endocrine Services providing affordable and up-to-date fertility treatments. The practice handles 95% fertility issues, with the remainder of patients seeking treatment for endocrine concerns.

Currently, approximately 12% of couples in the United States have fertility problems. After testing and analysis by their primary OB-GYN, these patients seek out the help of a fertility specialist. For Archer, the first step is to get an extensive personal history of both members. "Though I am an OB-GYN and take care of women, it is a couple problem. So, I ask that the husband comes in for the initial talk," states Archer.

During this interview, Archer gets in-depth information from the female on ovulation regularity, menstrual cycle, past surgeries, fibroid incidence, and abnormal pap smears. From both, she deduces intercourse frequency, sexual dysfunction, and any lifestyle choices that can interfere with becoming pregnant. The list of these includes smoking, drinking alcohol, and obesity. In addition, excessive caffeine consumption is tied to both fertility difficulties and miscarriages. Endocrine destructing compounds, which are manmade toxins found in the environment, have also been found to have a negative impact. And, last but not least, is stress. "You can shut down ovulation very easily if you're highly stressed. And everyone is under stress these days," says Archer.

After assessing this encounter, the next step is an ultrasound of the uterus to look for polyps, fibroids, cysts, or other abnormalities. If the ultrasound shows none, lab tests to performed. These determine thyroid, follicle stimulating, and luteinizing hormone levels, and Vitamin D deficiency. Because, as Archer points out, "Vitamin D has now been shown to have an independent effect on fertility in both men and women."